## **Application Information**

Application number::

Filing Date::

07/11/01

**Application Type:**:

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

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Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Paper

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

1

Title::

Connective Tissue Growth Factor-2

Attorney Docket Number::

PF126P2

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

11

**Total Drawing Sheets::** 

14

Small Entity?::

No

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?::

No

## Inventor Information

Inventor Authority Type::

Inventor 1

Primary Citizenship Country::

U.S.A.

Status:: **Full Capacity** 

Given Name:: Haodong

Middle Name::

BEST AVAILABLE COPY LI Family Name::

Name Suffix::

City of Residence:: Gaithersburg

State or Prov. of Residence:: Maryland

**USA** Country of Residence::

Street:: 11033 Rutledge Drive

City:: Gaithersburg

State or Province:: Maryland

Country:: USA

20878 Postal or Zip Code::

Inventor 2 Inventor Authority Type::

**Primary Citizenship Country::** U.S.A.

Status:: **Full Capacity** 

Given Name:: Mark

Middle Name::

Family Name:: **ADAMS** 

Name Suffix::

North Potomac City of Residence::

State or Prov. of Residence:: Maryland

Country of Residence:: USA

Street:: 12 Turley Court

City:: North Potomac

State or Province:: Maryland

**USA** Country::

20878 Postal or Zip Code::

Inventor 3 Inventor Authority Type::

Primary Citizenship Country:: France Status:: Full Capacity

Given Name:: Valérie

Middle Name::

Family Name:: CALENDA

Name Suffix::

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City of Residence::

State or Prov. of Residence::

Country of Residence:: France

Street:: 11, rue des Baillis

City:: Strasbourg

State or Province::

Country:: FRANCE

Postal or Zip Code:: F-67000

Inventor Authority Type:: Inventor 4

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Virginie

Middle Name::

Family Name:: FATACCIOLI

Name Suffix::

City of Residence:: Thiais

State or Prov. of Residence::

Country of Residence:: France

Street:: 34. Avenue René Panhard

City:: Thiais

State or Province::

Country:: FRANCE

Postal or Zip Code:: F-94320

**Correspondence Information** 

Correspondence Customer Number:: 22195

Representative Information

BEST AVAILABLE COM.

Representative Customer Number::

22195

**Domestic Priority Information** 

Application :: Continuity Type:: Parent Application:: Parent Filing Date::

This Application is a Non- Provisional of 60/291,642 05/18/01

And a Non- Provisional of 60/217,402 07/11/00

And this Application Continuation-in-Part 09/348,815 07/08/99

is a of

Which is a Divisional of 08/459,101 06/02/95

**Foreign Priority Information** 

Country:: Application number:: Filing Date::

PCT PCT/US94/07736 07/12/94

**Assignee Information** 

Assignee name:: Human Genome Sciences, Inc.

Street:: 9410 Key West Avenue

City:: Rockville

State or Province:: MD

Country:: USA

Postal or Zip Code:: 20850

